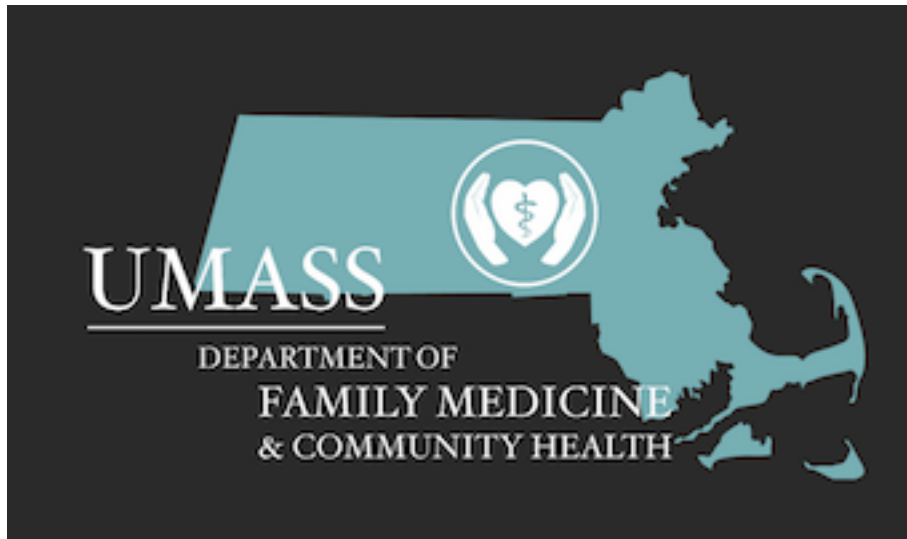


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Medical Student Reflection on Their Role

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Family Medicine Moments

April 27, 2023

Introduction: This week I am sharing a reflection from a student that I am fortunate enough to mentor, May Dong UMass Chan '24. The prompt for the reflection was: *After reading your admission essay, the professed values in the Class Oath, and considering your time in medical school so far, **write about how the learning environment in which you work has influenced the kind of physician you are becoming, and whether that influence is positive, negative, or mixed.***

May's essay captures the power of what students can offer patients during their care. However, it is more than that. It is a reminder to all of us - just to listen and be there and see people in their most vulnerable moments calling out for our help. Not to judge; maybe to recall our own most vulnerable moments, and then meet people where *they* are. Thanks May for the reminder.

Medical Student Reflection on Their Role

By May Dong

On reading my application essay, I'm struck by how eager I was to be emotionally uncomfortable, to hold difficult truths without flinching. I'm also struck by how contrary to my nature that is. In reality, I much prefer delivering good news, cheer, and comfort. Before medical school, I saw how beautiful it was to have the privilege of seeing people at their most vulnerable, discussing life and death, and thought that if I became a doctor

I would miraculously become the kind of person who is comfortable and skilled at these things.

Over third year, I started realizing that being a doctor has almost nothing to do with those skills. The most good I have done was not by thinking of the right diagnostic test or writing notes or presenting a patient well, but by doing something anyone could have done: listen.

I think of “Mary,” a thin, ragged-looking woman who had just been diagnosed with metastatic lung cancer. Every day on morning rounds, she begged us to see how much pain she was in and how her narcotics were not touching the pain. I could do nothing to help. I could do nothing about her prognosis, or the fact that she would be leaving behind a young child, or her history of trauma and addiction.

All I could do was listen every day as she told me how much pain she was in, how she felt overwhelmed by the different doctors coming in and out of her room, how she didn't feel like anyone was helping her. Unlike her, I had nothing but time. I did my best to listen, to explain again and again who the doctors were, what the plan for the day was, and answer the same questions about her pain medication. She was terrified of getting radiation, and her doctors worried that if she cancelled one more time she would be out of chances. I offered to walk her down to radiation. We talked about the beaches she had been to as a child and what she found peaceful about the sea. We waited in the fluorescent hallway and thought about the smell of beach roses and sandbars.

On my last day of that rotation, I went to her room to say goodbye. “Can I give you a hug?” I said yes. “I couldn't have done this without you,” she said, and I was shocked to see tears in her eyes. It was humbling. I was the least useful member of the team, but Mary didn't see it that way. I couldn't write any orders, didn't manage her pain, had nothing to do with the oncology team that diagnosed her condition and gave the knowledge of how long she could expect to live. It was the gift not of knowledge, but of time that allowed me to see her at her most vulnerable and help her face her fears of the unknown.

She died two months later. The obituary said nothing of whether, after a life of anxiety, she had found peace in death.

To many of the doctors and nurses who saw her, Mary was a frustrating, demanding patient. Some of the nurses pulled me aside to complain about her asking for pain medication early or continuing to smoke. I'm sure most were happy to see her discharged; she needed lots of support that they didn't have the resources for. Since I didn't have any power, she was never upset with me. Besides that, there was something compelling about her combination of strength and frailty that I hope to be able to see in every patient who tries my patience.

I will get older, wiser, more adept at diagnosis and management of conditions that now are only words on a textbook page. I will see hundreds, thousands of patients, and hopefully help them all in some small way. But I hope I remember that what I know isn't always the thing that helps people most. I hope I can continue to be the one who listens, the one someone couldn't have done without, when I have more responsibilities and less time. Sometimes it doesn't take any special training to do the most important things.

Keywords: empathy, doctor-patient relationship, communication skills